



2016 PRODUCE & PREPARED FOOD

VENDOR APPLICATION

City of Menasha Farm Fresh Market

140 Main St.

Menasha, WI 54952

Phone: 920-967-3644

Email: menashamarket@ci.menasha.wi.us



BUSINESS NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE # : _____

E-MAIL : _____

ADMINISTRATIVE USE ONLY:

No. of weeks requested:

Total Paid:

Date Recv'd:

Stall No:

Received by:

Are you certified to accept WIC and/or Senior FMNP? Yes No

Please provide complete information requested below for all items that you intend to sell at the market. All items sold at the market should be listed.

FRUITS AND VEGETABLES

<input type="checkbox"/> Apples	<input type="checkbox"/> Chard	<input type="checkbox"/> Green top root veg.	<input type="checkbox"/> Onions (all other)	<input type="checkbox"/> Radishes (w/ tops)
<input type="checkbox"/> Asparagus	<input type="checkbox"/> Cherries	<input type="checkbox"/> greens	<input type="checkbox"/> Parsley	<input type="checkbox"/> Radishes (w/o top)
<input type="checkbox"/> Beans-green/wax	<input type="checkbox"/> Choke Cherries	<input type="checkbox"/> Kale	<input type="checkbox"/> Pears	<input type="checkbox"/> Rutabagas
<input type="checkbox"/> Beets w/ tops	<input type="checkbox"/> Corn on the cob	<input type="checkbox"/> Kohlrabi	<input type="checkbox"/> Peas	<input type="checkbox"/> Spinach
<input type="checkbox"/> Beets w/o tops	<input type="checkbox"/> Cucumbers	<input type="checkbox"/> Leeks	<input type="checkbox"/> Peppers (All)	<input type="checkbox"/> Squash
<input type="checkbox"/> Berries (all)	<input type="checkbox"/> Dill	<input type="checkbox"/> Lettuce (head)	<input type="checkbox"/> Plums	<input type="checkbox"/> Tomatoes
<input type="checkbox"/> Broccoli	<input type="checkbox"/> Eggplant	<input type="checkbox"/> Lettuce leaves	<input type="checkbox"/> Potatoes	<input type="checkbox"/> Tomatoes (Cherry or plum)
<input type="checkbox"/> Brussel sprouts	<input type="checkbox"/> Endive	<input type="checkbox"/> Melons (whole)	<input type="checkbox"/> Pumpkins	<input type="checkbox"/> Thyme
<input type="checkbox"/> Cabbage	<input type="checkbox"/> Escarole	<input type="checkbox"/> Onions (green top)		<input type="checkbox"/> Zucchini
<input type="checkbox"/> Carrots w/ tops	<input type="checkbox"/> Garlic			
<input type="checkbox"/> Carrots w/o tops	<input type="checkbox"/> Grapes (Concord)			
<input type="checkbox"/> Cauliflower	<input type="checkbox"/> Grapes (all other)			
<input type="checkbox"/> Celery				

OTHER ITEMS: _____

PRODUCE ITEMS SOLD BY YOU BUT NOT GROWN BY YOU (No more than 25% of the produce at your stand each week):

CUT AND/OR DRIED FLOWERS OR PLANTS (list types): _____

PACKAGED FOOD OR REFRIGERATED ITEMS A state license may be required for the sale of processed foods such as dairy, eggs, meat, canned items, bakery, etc. Please contact Todd Drew, RS – Menasha Health Department (920) 967-3522 for more information.

PREPARED ON-SITE FOOD ITEMS: _____

Vendor must hold a temporary restaurant permit issued by City of Menasha Health Inspector, Todd Drew. Please contact him in advance at 967-3522 for the Mobile Food Vendor Registration Form application and more information. There is no fee associated with the filing of this form for Farm Market Vendors.

STALL OPTIONS (21 total Thursdays):

12' x 17' Grass Stall

15 - 21 Thursdays - \$7 per week

8 - 14 Thursdays - \$8 per week

1 - 7 Thursdays - \$10 per week

10' x 10' Concrete Stall (limited availability)

15 - 21 Thursdays - \$5 per week

8 - 14 Thursdays - \$6 per week

1 - 7 Thursdays - \$8 per week

Please circle the dates you plan to attend:

June	9	16	23	30	
July	7	14	21	28	
Aug.	4	11	18	25	
Sept.	1	8	15	22	29
Oct.	6	13	20	27	

(October 27th - downtown trick or treat event, includes farm market vendors)

Please indicate your stall preference (refer to attached map):

1st Choice _____ 2nd Choice _____ 3rd Choice _____

Number of dates attending _____ X _____ (cost per week) = \$ _____ Total Fee

Early Bird Discount: Pay in full by 4/15/16 and deduct 10% from your total space rental!

Discount = \$ _____

\$ _____ Total Paid by 4/15/16

Please include payment with your application. Your stall will not be reserved until payment is received.

AFFIDAVIT

I agree to sell at Menasha Farm Fresh Market only the items listed above. I acknowledge full responsibility for all my activities in the Market (and those assisting me, i.e. family members, partners, etc.) throughout the term of this season. I also understand that I am responsible for my own personal and product liability insurance. I certify that the information given in this application is true and correct. I understand that market management reserves the right to refuse any product or application at any time for any reason. I acknowledge receipt of the rules and intend to follow them or recognize that I am subject to forfeiture of my vendor stall for the remainder of the season without refund.

SIGNATURE _____

DATE _____

After April 15, you will be contacted by the City of Menasha to confirm your date(s) requested and your stall location. Please check to ensure you have included all required documents with your application. Thank you!